



I strongly disagree with the Democrats healthcare reform legislation. Everyone agrees that our healthcare system needs to be reformed. Healthcare in America is too expensive and too many Idaho families are worried about losing or have already lost their health coverage. Businesses, small and large alike, are struggling to provide health insurance for their employees, and too many are being forced to ask employees to share the cost of higher premiums and co-payments in response.

Regrettably, rather than working on real reforms to improve access to healthcare for all Americans, Democrats in the House are debating a bill that would raise Americans' taxes, create a massive new tax burden and do little to address the problems in our current health system. Rather, at a cost of more than a TRILLION dollars, HR 3200, the America's Affordable Health Choices Act of 2009, will create a government-run healthcare program that will cause millions of Americans to lose their current coverage, place new burdensome requirements on small businesses and individuals, put seniors' access to care at risk by decreasing Medicare reimbursements, and increase taxes on our nation's small business owners, farmers, ranchers, and families. I cannot and will not support this legislation.

Instead of creating another absurdly expensive government bureaucracy that would do little to improve our health system, we should be focused on measures that will make quality healthcare more affordable and accessible to everyone, regardless of where they choose to live or what pre-existing condition they may have. The current healthcare debate focuses almost completely on how to reduce the number of uninsured in America. I agree—too many Americans who want health insurance can't afford to pay for the coverage. However, we are focusing our energy on the wrong problem. As people living in rural Idaho know first-hand, having health insurance does not guarantee access to healthcare. In numerous areas in Idaho, there is not even one full-time practicing physician. Many of us have problems finding a doctor accepting patients, and for those Idahoans who rely on Medicare or Medicaid, finding a doctor who accepts their insurance presents an even greater challenge. I support measures that would allow those Americans who like their coverage to keep it and give all Americans the freedom to choose health plans that best meet their needs.

While the U.S. offers the most advanced medical treatments and newest therapies for illnesses in the world, we are lagging behind in the areas of prevention and early treatment. As a country, we spend significantly more on healthcare in the last six months of life than we do on the first six. Our healthcare system is reaction-based rather than prevention-based. As a dentist, I have seen first-hand the benefits of prevention and early intervention. Instead of treating a victim of heart attack after it happens, we should be working with patients to lower their risk of heart attack before it happens. We should be focusing more on how to prevent disease or treat it early when it is most cost-effective and the outcomes are best. Unfortunately, the Democrats' health reform bill fails to accomplish these goals.

Instead of moving ahead with HR 3200, which would cost trillions of dollars without doing anything to address the real challenges facing healthcare, we should be working together to find a bipartisan solution that would make healthcare more affordable and improve access to quality care for all Americans.

The [Organizational Chart of the House Democrats' Health Plan](#) depicts the incredible bureaucratic mess. Notice consumers are on the left side of the chart and health care providers are on the right; try to find your way through the bureaucracy in the middle that separates you from your doctor. There are at least 31 new additions to government bureaucracy in this plan.

New Additions Include:

Health Choices Administration – Headed by the new Health Choices Commissioner (or “*Health Czar*”), this independent agency will be in charge of setting up and running the Health Insurance Exchange, the public health plan, as well as setting standards and benefit levels for coverage offered through the HIEs. They will thus exercise enormous control and influence over people insured through the HIEs.

The **Health Insurance Exchange** is a new artificial insurance marketplace run by the government. The government sets the standards for plans offered through the HIE and regulates the HIE. The Public Health Plan is also a part of the HIE. To be eligible to participate, a plan must be a “Qualified Health Benefit Plan.” And it must conform to a government-specified package of benefit levels. Benefit packages will be categorized as: Basic, Essential, Enhanced, Premium, and Premium-Plus. (States can also form their own HIEs.)

The bill establishes a network of “comparative effectiveness” organizations – the **Comparative Effectiveness Research (CER) Commission**, the **Center for Comparative Effectiveness Research (CCER)**, a **CER ombudsman**, a series of **CER Advisory Panels** and even a special **CER Trust Fund**. The purpose of the comparative effectiveness research organizations is to lay a scientific groundwork for rationing health care. That is, using the comparative effectiveness research, insurance offered through the HIE may limit the use of certain tests or procedures. For example, the HCA could decree that CAT scans can only be used for certain kinds of injuries, and justify that limit by pointing to CER.

The **Center For Quality Improvement** will identify and implement “best practices” developed in conjunction with the Assistant Secretary for Health Information. Its Director, therefore, will play an important role in affecting the delivery of health care.

The “**Federal Mandates for Website Design**” are requirements, set by the federal government, on what states must display on their health agency websites. It is a good example of the federal government micromanaging something that states are able to handle on their own.

The **Health Benefits Advisory Committee** will be a public-private partnership that will make recommendations to the HHS Secretary on the “benefit standards” for the “essential benefits package.”

Accountable Care Organizations are part of a pilot program to test “payment incentive models” with the intent of reducing the growth of expenditures and improve health outcomes. It would seem that anything that is supposed to significantly reduce expenditure growth would likely involve spending cuts or rationing.

NOTE: The Following Chart Items have been removed from the finalized version of the releases bill.

The **National Center for Health Workforce Analysis**, as it is no longer in the bill. The duties of the NCHWA are still there, but rather than create a new center, it appears the 7/14/09 language assigns responsibility to the HHS Secretary (see Sec. 2271 in both versions). There is also no **Bureau of Health Information** in the new language. However, instead of a new Bureau, they are creating a new Assistant Secretary for Health Information.